

HEARING

IN THE MATTER OF

PROPOSED RULE 111  
"CRANIOFACIAL ANOMALY  
RECONSTRUCTIVE SURGERY  
COVERAGE"

HONORABLE RUSS GALBRAITH  
CHIEF DEPUTY COMMISSIONER & HEARING OFFICER  
ARKANSAS INSURANCE DEPARTMENT

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HEARING PROCEEDINGS

SEPTEMBER 29, 2015

at 9:00 A.M.

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APPEARANCES

ON BEHALF OF THE ARKANSAS INSURANCE DEPARTMENT:

MR. BOOTH RAND  
ARKANSAS INSURANCE DEPARTMENT  
1200 WEST THIRD STREET  
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ORIGINAL

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## CAPTION

PROCEEDINGS in the above-styled and numbered cause  
on the 29th day of September, 2015, before Faith  
Grigsby, Arkansas Supreme Court Certified Court Reporter  
#686, at 9:00 a.m., in the Hearing Room of the Arkansas  
Insurance Department, 1200 West Third Street, Little  
Rock, Arkansas, pursuant to the agreement hereinafter  
set forth.

\* \* \* \* \*

## PROCEEDINGS

SEPTEMBER 29, 2015

1 HEARING OFFICER: Good morning everybody.  
2 Today is September 29, 2015, and we are here in  
3 the matter of Proposed Rule 111, Craniofacial  
4 Anomaly Reconstructive Surgery Coverage. My  
5 name is Russ Galbraith, and Commissioner Kerr  
6 has appointed me to be the hearing officer in  
7 this matter. Present representing the  
8 Department is Mr. Booth Rand.  
9

10 Mr. Rand, you may proceed.

11 MR. RAND: Thank you, Mr. Hearing Officer.  
12 Today we have Proposed Rule 111. I would like  
13 initially to submit into the administrative  
14 record a bunch of administrative items that we  
15 have to under the APA to qualify this for  
16 promulgation.  
17

18 Exhibit Number 1 is the Insurance  
19 Commissioner's designation of hearing officer  
20 appointing you as hearing officer this morning.  
21 Exhibit Number 2 is a copy of the Notice of  
22 Public Hearing, which we're required to  
23 publicize and mail out to the industry, that  
24 was issued on August 21, 2015. Exhibit 3 is a  
25 copy of the proposed rule that we would like

1 promulgated.

2 Exhibit Number 4 is a cover letter to the  
3 Arkansas Democrat Gazette referencing the fact  
4 that we're sending the Democrat Gazette a copy  
5 of the proposed rule and hearing date  
6 information for them to run publication of the  
7 dates in the back of the newspaper. That is  
8 Exhibit Number 4.

9 Exhibit Number 5 is a copy of the actual ad  
10 that was run in the newspaper indicating to the  
11 public the date of the hearing, the nature of  
12 the rule, and where to come to hear the rule  
13 discussed or make comments. Exhibit 5 reflects  
14 the fact that ADG ran the advertisement August  
15 24th, August 25th and August 26th. Then on the  
16 right-hand side, Mr. Hearing Officer, of  
17 Exhibit 5 is a copy of the newspaper material  
18 that was printed and published in the newspaper  
19 explaining today's date and nature of the rule.  
20 As you know, we have to do that because, under  
21 the Arkansas Procedural Act, we have to run  
22 notice of the rule hearing three days,  
23 continuously.

24 Exhibit Number 6 is a copy of the  
25 electronic, what we call, blast-out in which we

1 notify members of the industry and licensees  
2 who have signed up to receive copies of our  
3 rules and regulations. Exhibit 6 is a copy of  
4 the blast-out confirmation that Ms. Rowland  
5 sent from the Legal Division, which all  
6 licensees and insurance companies got copies of  
7 this proposed rule and notice of public  
8 hearing.

9 Exhibit Number 7 is the cover letter -- as  
10 you know, Mr. Hearing Officer, we have to file  
11 all of our rule-making materials with the  
12 Bureau of Legislative Research, and fill out  
13 several items and questionnaires and impact  
14 statements for them. Exhibit Number 7 is a  
15 cover letter copy of the material that was sent  
16 to BLR.

17 Which Exhibit 8 is one item which went with  
18 the cover letter. It is our questionnaire. As  
19 you know, the Bureau of Legislative Research  
20 and Arkansas Legislative Council requires us to  
21 fill out these forms and answer questions  
22 related to the nature of the rule, what the  
23 benefits of the rule are, why the rule is  
24 needed, what sort of cost impact it has, if  
25 any. Exhibit 8 is Legislative Council

1 questionnaire.

2 Exhibit 9 is another financial and economic  
3 impact statement that we're required to file  
4 with rules, with the Bureau of Legislative  
5 Research and Legislative Council. This gets  
6 into more of the details about projected cost  
7 impact. We do not believe there is any cost  
8 impact as a result of this rule promulgation on  
9 the industry, and recorded that in Exhibit 9.

10 Exhibit 10 is a copy of the summary of what  
11 the rule is proposed to do, what the benefits  
12 of the rule are, what the purposes of the rule  
13 are. We file our summary with BLR to give them  
14 a pretty quick shot review of why we need the  
15 rule, and members of the Legislative Council  
16 can read the summary for a good short  
17 explanation of what we're doing.

18 Exhibit 11 -- we are getting now into the  
19 part of the notebook where we are giving  
20 courtesy copies of notices of our rule to  
21 various State officials. Exhibit 11 is one  
22 instance of that. It is a copy of a letter to  
23 Ms. Sara Farris who, at that time, was our  
24 liaison to the AG's Office. We gave her a  
25 courtesy copy of the rule in case they have any

1 comments. We had received none from the AG's  
2 Office.

3 Exhibit 12 is the filing that we have to  
4 make with the Arkansas Secretary of State  
5 related to our promulgation of the Agency rule  
6 so that they can track and they can publish the  
7 rules for people who want to see what's going  
8 on in State agencies from the Secretary of  
9 State's Office.

10 Exhibit 13 is, again, one of the courtesy  
11 copies that we're required to send is to the  
12 Governor's Office. The Governor's Office  
13 received a courtesy copy of this. In addition  
14 to that, as you know, the Governor's Office has  
15 to approve our rule making, and Mr. Saffa  
16 approved our rule -- or authorized promulgation  
17 of this rule on July 30, 2015, in an e-mail to  
18 the Commissioner. The Governor's Office was  
19 satisfied. They had no problems with the  
20 Department going forward with Rule 111, and so  
21 we had got their authority there that's  
22 reflected in Exhibit 13.

23 Exhibit 14, we have to give a courtesy copy  
24 to the Economic Development Commission in case  
25 they have any comments about impact on small



1 employers or businesses. Again, we don't  
2 anticipate any financial impact on employers as  
3 a result of this rule. Exhibit 15 is the  
4 section where we reserve for public comments.  
5 We have received one comment from Ozark  
6 Prosthodontics. It's in Northwest Arkansas. I  
7 believe Lori McNeel is here today, who works  
8 there. Dr. Dean McNeel sent a letter in  
9 support of the rule and our proposals here.

10 We may have -- Ms. Wendelyn Osborne is the  
11 leading advocate for craniofacial coverage here  
12 in the State, and led the efforts to get two  
13 Acts passed that have established coverage.  
14 She may testify after I get through explaining  
15 this rule. And at this time, I move to admit  
16 into the administrative record Exhibits 1  
17 through 15.

18 HEARING OFFICER: Exhibits 1 through 15  
19 will be admitted into the record.

20 (WHEREUPON, Exhibits Number 1 through 15  
21 were marked for identification and are attached  
22 hereto.)

23 HEARING OFFICER: Go ahead and proceed.

24 MR. RAND: I'd like to give an explanation  
25 of the rule, which we do after we get these

1 items in. Mr. Hearing Officer, the background  
2 of this rule, the Craniofacial Coverage Mandate  
3 is derived from two Acts that have been passed  
4 by the Legislature since 2013. The Act of 2013  
5 required insurance companies in the fully  
6 insured market, both group and individual, to  
7 cover craniofacial cleft palate congenital  
8 abnormalities.

9 This last session in 2015, the mandate was  
10 expanded under Act 1233 of 2015 to essentially  
11 require EBD to cover this benefit as well.  
12 There was some dispute about whether the State  
13 employee's plan and teacher's plan was required  
14 to cover craniofacial abnormalities. This  
15 session, we amended the subchapter to make it  
16 very clear that it does apply to EBD. So we've  
17 had the craniofacial cleft palate coverage  
18 mandate in effect since 2013.

19 One of the problems that has occurred is  
20 the way the subchapter is structured and the  
21 way you qualify for craniofacial coverage. The  
22 Act is structured such that a national  
23 organization -- I call it the North Carolina  
24 Association, but it is the American Cleft  
25 Palate Craniofacial Association. The mandate

1 is structured that the diagnosis and evaluation  
2 of a craniofacial cleft palate diagnosis has to  
3 be done by and approved by -- I'll just call  
4 that organization -- the ACPA approved team.  
5 To qualify for coverage under the mandate, the  
6 ACPA has to approve and diagnose the congenital  
7 cleft palate or craniofacial disorder.

8 In addition, they have to supervise and  
9 evaluate the treatment plan. One of the  
10 problems that we've got, Mr. Hearing Officer,  
11 is, we've only got, I believe, one or two --  
12 one team here in Arkansas that is approved by  
13 the ACPA, and that is at Children's Hospital.

14 And so, because of the way the Act is  
15 structured, with everybody having to go through  
16 the ACPA approved team, we've got only one team  
17 to do all the reviews, and so there's been a  
18 concern over a bottleneck, or a backup or lag,  
19 as ancillary provider and others around  
20 Arkansas want to treat some of these families  
21 that have children and others with these  
22 conditions. And so, instead of waiting on  
23 ACHS, the team, to do it, we need to figure out  
24 a way to broaden the ability to have these  
25 conditions approved by other ACPA teams outside

1 of Arkansas. There are -- Lori and Wendelyn  
2 can speak to this better than I can. There are  
3 other approved ACPA teams outside the State of  
4 Arkansas.

5 So the goal of this rule, it does several  
6 things. One is, it's going to permit outside  
7 the State of Arkansas ACPA approved teams to do  
8 the evaluations, to review the treatment plans  
9 by providers in Arkansas, so that we don't have  
10 to just go through Children's every time we  
11 want a diagnosis. I'm not knocking Children's,  
12 but there's only one team. And so we've got  
13 families who need evaluations, that need  
14 diagnoses, and they need supervision by another  
15 ACPA team, so that we can sort of remove some  
16 of this bottleneck. The rule allows for  
17 outside the State ACPA approved teams to do the  
18 evaluations.

19 And the rule does another thing, which  
20 makes it clear that, although providers within  
21 the Arkansas ACPA approved team at Children's  
22 can do the treatments themselves, to do the  
23 surgeries, to do the services, we're going to  
24 allow other providers not necessarily on that  
25 team itself at Children's to do it, as long as

1 these criteria are met in Section 3(a)(1). We  
2 developed a list of five requirements related  
3 to when we would allow a non-ACPA member to do  
4 the treatment.

5 The ACPA approved team at Children's or  
6 outside the state would still have to do the  
7 diagnosis. They would still have to provide  
8 the written authorization of the services and  
9 treatment plan. They must maintain clinical  
10 records --

11 HEARING OFFICER: Let me interrupt you for  
12 just one second. So in the summary it says  
13 that there are two APCA teams, but one for  
14 adults, so what is the --

15 MS. OSBORNE: There is only one.

16 HEARING OFFICER: There's only one?

17 MR. RAND: There is one. That is correct.  
18 At that time, I thought there were two. There  
19 is only one.

20 HEARING OFFICER: So the team at Children's  
21 also works with adults?

22 MR. RAND: I assume so.

23 MS. OSBORNE: No.

24 MR. RAND: That's right. One of the  
25 problems is, is that Children's is a children's

1 unit, so it is restricted just to children,  
2 which is another reason why we do need this.

3 HEARING OFFICER: Right. That's where I  
4 was going with that.

5 MR. RAND: And that is a good point. We  
6 simply don't have an adult team, and this is  
7 going to allow for outside the state ACPA  
8 approved teams to do these things.

9 So again, the goals of this rule is: One,  
10 to allow outside the state ACPA approved teams  
11 to do these diagnoses for Arkansas providers.  
12 And the other point to be made in this rule is  
13 that we're going to allow providers who are not  
14 in the ACPA approved team here in Arkansas to  
15 do the treatment, assuming these five  
16 conditions are listed in Section 3(1).

17 So again, the whole point of all these  
18 requirements is to make sure that the ACPA  
19 approved team is still involved in the  
20 diagnosis, still involved in the written  
21 authorizations and approvals, and still  
22 monitoring and reviewing what's going on when  
23 that provider is treating it.

24 So we're not divorcing ourselves from the  
25 ACPA team. They're being involved and kept

1 into the ties with the provider who's doing the  
2 treatments outside of Arkansas. That question  
3 was raised last year and we felt like, also to  
4 allow the bottleneck to sort of reduce, we're  
5 going to let other providers do these services  
6 and not just team members.

7 So those are the primary purposes of the  
8 rule, and I'd be glad to answer questions. I  
9 think one of the concerns that we had -- I will  
10 just say, this isn't really pertinent to the  
11 rule and Ms. Osborne can talk about this. We  
12 have had -- due to the complex nature of  
13 congenital or craniofacial services (there's  
14 dental, there's eye, there's all kinds of  
15 things going on), we have had some coding  
16 issues, pricing issues with respect to  
17 providers, concerns over slow pay, concerns  
18 over claims payment practices that the  
19 Department is aware of, that we're trying to  
20 work with the industry to try to streamline  
21 better.

22 We're going to meet later on, after this  
23 hearing, with some members of Blue Cross and  
24 some others -- not just to pick on Blue Cross  
25 -- but with one of the providers about how to

1 streamline more effectively some of these  
2 claims so that we don't have a lot of lag time  
3 for a lot of these families who need more quick  
4 access to coverage. So that's really not part  
5 of the rule, but I want the Hearing Officer to  
6 know that we are looking at those issues as  
7 well.

8 That's my explanation of the rule and some  
9 other things that are going on with respect to  
10 this industry, and that's all I have to say.

11 HEARING OFFICER: We're going to move to  
12 public comments, and I do have a list here of  
13 four people. So the first one on the list is  
14 Ms. Osborne. Would you like to come up and  
15 state your name for the record.

16 MR. RAND: Mr. Hearing Officer, I think  
17 some of those may be the funeral people, but  
18 I'm not sure.

19 HEARING OFFICER: Could be. We'll see.

20 MS. OSBORNE: Wendelyn Osborne. I have a  
21 craniofacial anomaly myself. Craniofacial  
22 anomalies take up two percent of the United  
23 States population. It just so happens that the  
24 condition that I have, there happens to be just  
25 over 200 worldwide. And never had any issues



1 with insurance coverage -- I've always had Blue  
2 Cross/Blue Shield or some entity of it -- until  
3 HMO's came into effect. So this is why I am so  
4 passionate about the craniofacial anomalies as  
5 a whole.

6 I have families all across the country, in  
7 different parts of the world, that I interact  
8 with on a regular basis. And the stories that  
9 I have heard and what I've been through are  
10 really atrocious, because insurance companies,  
11 since HMO's have come into effect, want to  
12 claim the procedures we need as cosmetic. So  
13 when I worked for ten-plus years on this bill,  
14 or this law, my goal was to make it easier on  
15 these families so that they don't have to  
16 continue to file bankruptcy or take out second  
17 mortgages and things like that on their homes  
18 just so their child or loved one, or  
19 themselves, could get the care that they needed  
20 as a human being.

21 Now, as Booth said, craniofacial anomalies  
22 are very complex in nature, so when you're  
23 doing these procedures, more times than not,  
24 it's a two steps forward, four steps backward  
25 thing. And oftentimes, you can't -- let's just

1 put it this way. I know so many different  
2 people with the same exact diagnosis that are  
3 the exact same age, and they live in different  
4 states.

5 So I'm going to take three little guys with  
6 Goldenhar. Peter lives up in Michigan, Jeremy  
7 lives in New York State, and Ryan lives in New  
8 Mexico. They all have Goldenhar. But one  
9 thing that goes along with craniofacial  
10 anomalies, you may have Goldenhar Syndrome, but  
11 that doesn't mean you're going to have the same  
12 prognosis, because you have this thing called  
13 hereditary, that none of us can escape.

14 But like with Ryan and Peter, you may not  
15 think, oh my gosh, they don't look that bad.  
16 Well, but there's a lot of stuff going on in  
17 the inside that you can't see, such as myself.  
18 There's a lot of stuff going on with me on the  
19 inside that you can't see. And so when doctors  
20 choose to do procedures, you can't say, "You do  
21 this procedure on all Goldenhars at two years  
22 old." You can't do that. You've got to take  
23 individual cases perspective. And what  
24 Jeremy might could have at two, Peter is not  
25 ready for.

1           And oftentimes, when you need these  
2           procedures, you need them then, and sometimes  
3           you don't have eight weeks, you don't have  
4           three months, you don't have twelve weeks to  
5           decide on insurance to get their act together  
6           and decide they're going to pay for this. Or,  
7           "Yes, this is approved. We cover this in our  
8           policy," and then in the ninth hour, after the  
9           procedure has been done, "Well, you need to pay  
10          us that," or "This is not acceptable." "This  
11          is no longer accepted," et cetera, et cetera.  
12          And those are the issues we're having with our  
13          families, dealing with insurance companies.

14               And this is not like a zero through  
15               eighteen situation. I'm 49. I will continue  
16               to need procedures until the day I die. And  
17               there are two kind of craniofacial anomalies.  
18               There are syndrome and there are diseases.  
19               Mine's a disease. And the difference is, a  
20               syndrome is when you're born with a set of  
21               characteristics that grow with you. But they  
22               don't progressively just continually get worse,  
23               they just grow with you. Whereas, a disease,  
24               they continue to go on and on and on and you  
25               have to have the procedures needed at the right

1 time or it could be fatal.

2 HEARING OFFICER: So let me ask you a  
3 question. With regard to the rule, how does  
4 that affect what you're talking about? Is this  
5 going to help in those situations? Is it going  
6 to make it more efficient?

7 MS. OSBORNE: As far as trying to -- when I  
8 worked on the verbiage of this law, in order to  
9 keep other medical professionals from, say,  
10 trying to file a claim on rhinoplasty and put  
11 it under our bill and it's covered, that's why  
12 we put in with the nationally approved cleft  
13 and craniofacial team and their oversight on  
14 that, to try to avoid all those frivolous cases  
15 that don't need to be covered.

16 Now, as far as going out to other states.  
17 There are 200 nationally approved cleft and  
18 craniofacial teams in our country. Now, y'all  
19 might think that's two per state, but it's not.  
20 Like New York City has four or five teams right  
21 there. We have one in the State of Arkansas  
22 that was started in 2009. We haven't always  
23 had that team. They did have a cleft team but  
24 not a cleft and craniofacial team. Now it's a  
25 full-blown -- and I will say, it is very rare

1 and uncommon to have a cleft team and that's  
2 all they do.

3 Here at Children's we have a group of ENT's  
4 and they do the cleft surgeries. That is  
5 extremely rare, and it can cause some issues.  
6 Of course, our cleft team is very good. I know  
7 Larry Hartzel and I know Gresham Richter.  
8 They've very good doctors. They know what  
9 they're doing. However, when Lori filed a case  
10 on this one person, going by our rules, it took  
11 that physician over eight weeks to look at it  
12 and to get their approval, and that child, that  
13 patient needed the surgery sooner than that.

14 HEARING OFFICER: And that's the bottleneck  
15 that you discussed.

16 MR. RAND: Yeah. One aspect.

17 MS. OSBORNE: And so I had spoken with --  
18 and not every team treats every craniofacial  
19 anomaly. There is nobody in the State of  
20 Arkansas who will touch me with a ten-foot  
21 pole, other than (inaudible). But because of  
22 insurances not paying out very much for  
23 craniofacial stuff, he got out of it and he  
24 went to complete plastics. He's the only one  
25 in the State of Arkansas who has any training

1 for my condition.

2 My craniofacial team in Dallas, who's never  
3 done surgeries on me, they're no longer  
4 insurance participants, because it is a hassle  
5 dealing with insurance companies, whether it's  
6 their lack of organization on the inside, here,  
7 there and yonder. It's just too much of a  
8 hassle. So that puts a lot of strain on our  
9 families, because they have to do it all  
10 themselves. But pretty much all the teams are  
11 becoming insurance -- they're not participants  
12 anymore because of that.

13 So with that being said, I have talked with  
14 a craniofacial orthodontist in Dallas, on the  
15 Dallas team at Medical City, and he is willing  
16 to help with this and providing -- looking at  
17 cases to decide if Lori and her husband need to  
18 do what they need to do to say, "This is  
19 necessary," and he's willing to oversee, et  
20 cetera, et cetera, et cetera. And so I haven't  
21 talked to Jeffrey Fearon, who is the team there  
22 in Dallas. He's the one I go to. I'm sure  
23 he'll be willing to participate.

24 Because I don't know if y'all realize that  
25 we lost our craniofacial surgeon here back in

1 February, unexpectedly, and he took a lot of  
2 their cases anyway, just to help him out.  
3 Because I called Fearon and I said, "Dr.  
4 (inaudible) passed away. Do you know that?"  
5 So he called Children's Hospital and he said,  
6 "Look, I'll help y'all out, whatever you need."

7 And so it would make things a lot easier  
8 for the families if we could go out -- I would  
9 love it if we could just go to whatever doctor  
10 a family wants to, but I knew that wasn't going  
11 to be reality. But this is the next best  
12 thing, because Children's is so backed up right  
13 now after losing (inaudible), even though  
14 they've hired two new craniofacial surgeons,  
15 I've yet to meet them.

16 When it took eight-plus weeks for the  
17 craniofacial orthodontist to look at Lori's  
18 stuff to get an okay on that, in order for our  
19 law to work, that's a little time consuming.  
20 So if we could spread it out to where it's not  
21 all on -- because they've got their own case  
22 loads to do, too. So if we could spread it  
23 out. I'm not saying go out of state to have  
24 these procedures, but if we can --

25 The one thing I really want to adamantly --

1           which I've stressed to Booth and I want to make  
2           sure everybody understands, these craniofacial  
3           surgeons and teams, they need to be closely  
4           monitoring whoever is doing these procedures,  
5           because they're not on the teams, because we  
6           have a lot of things that have happened here in  
7           Arkansas. Well-intentioned doctors have done  
8           procedures, they did not know what they were  
9           doing, did not have any training or hardly any  
10          hours spent -- maybe the one or two hours they  
11          get in med school -- with craniofacial  
12          anomalies, and they mess the person up.  
13          Because I have a number of friends across the  
14          country who are having to go and have extra  
15          surgeries to correct what that well-intentioned  
16          doctor did. And oftentimes, you cannot  
17          completely fix it and it actually makes things  
18          worse.

19                 So that's why we need to make sure that the  
20          nationally approved craniofacial team, that  
21          they're going to give their permission that  
22          they're going to be willing to oversee very  
23          closely, and that the doctor willing to do this  
24          will be forthright in telling these people who  
25          are trained in these areas, dah, dah, dah, dah,



1 dah. Because my only concern is the patient.  
2 I want to make sure that they don't have to go  
3 through any more undue processes that they  
4 don't need to, because it's hard enough.

5 HEARING OFFICER: Well, it sounds like  
6 that's the direction we're going.

7 MR. RAND: Yeah. And her point about --  
8 and again, we have a laundry list in Section  
9 3(a)(1) that maintains a stranglehold still, a  
10 really good, tight fit to the ACPA approved  
11 team in terms of supervision, evaluation. So I  
12 think the goal is to always have the ACPA team  
13 knowing what's going on and controlling it. So  
14 we've got that in the rule.

15 HEARING OFFICER: And then on the claims  
16 issue, it sounds like we're going to discuss  
17 that. The Department is aware of some of those  
18 issues and we're going to be having further  
19 discussions on that.

20 Thank you very much. I appreciate your  
21 time.

22 MS. OSBORNE: Thank you. Any questions?

23 HEARING OFFICER: No, no questions from me.

24 Lori, would you like to speak?

25 MS. McNEEL: I'd be happy to.

1 HEARING OFFICER: If you'll just identify  
2 yourself.

3 MS. McNEEL: My name is Lori McNeel. The  
4 first thing I want to say is, I want to commend  
5 Wendelyn. A lot of people don't take something  
6 that's difficult and turn it into something  
7 really positive. So all of her efforts are  
8 helping hundreds and hundreds of people, and I  
9 want to thank you for that.

10 MS. OSBORNE: You're welcome.

11 MS. McNEEL: We have a nice little small  
12 practice in Fayetteville, Arkansas. My husband  
13 is a prosthodontist 20 years into it. He  
14 actually did a hospital rotation of which,  
15 during his time, during the hospital rotation,  
16 became very aware and informed of patients like  
17 this, like craniofacial disorders.  
18 Consequently, we have been very forward with  
19 working with medical insurance for about ten  
20 years now. I've worked directly with Debbie on  
21 multiple type of cases in addition to  
22 craniofacial.

23 Rule 111, from our side, provides access.  
24 Everyone is not zero to nineteen, who is well  
25 suited in Little Rock or at Children's

1 Hospital, so there's a reference now for an  
2 adult population to go.

3 Rule 111 also says you can find specialists  
4 who are willing to follow under these  
5 guidelines, which are pretty stringent, by the  
6 way. To get approval from a national  
7 craniofacial team, it's not an easy thing to  
8 do, to get them to oversee what you're doing,  
9 make sure that they're agreeing with your  
10 treatment plan. So I think the forethought of  
11 adding that will ensure quality of services.  
12 And I know that's one concern, certainly, for  
13 Wendelyn. She wants to ensure that these  
14 patients are well taken care of by appropriate  
15 specialists, and oversight is there. I think  
16 Rule 111 certainly covers all of that as well.

17 I think that the financial relief for these  
18 patients is significant. Many patients,  
19 particularly if you have a child, moms and dads  
20 move heaven and earth to do this for their  
21 kids. I have worked with families who went  
22 through bankruptcy because of services like  
23 this, and so to know that they can potentially  
24 get an insurance company to assist them, to  
25 share some of the financial load is monumental;

1 it really is.

2 One thing I think that may be important to  
3 state, too, while potentially not directly  
4 related to 111 is that, because of these kinds  
5 of services that the State of Arkansas is now  
6 going forward with doing -- which, by the way,  
7 I think we're on the cutting edge of the  
8 national front on this, by the way. There's a  
9 handful of states, I think, that have gone this  
10 forward, which is wonderful for the State of  
11 Arkansas.

12 But a lot of these families, because of all  
13 the stress related (the multiple surgeries, the  
14 difficult recoveries, the financial issues) I  
15 would tell you that probably 40 percent of the  
16 population that we serve, the children have  
17 attempted suicide. The children feel very  
18 guilty and responsible for all of these  
19 services, and the outcome of the financial  
20 burden to their families.

21 So I think Rule 111 helps families stay  
22 together, and I think it provides good quality  
23 services for kids and adults.

24 HEARING OFFICER: Thank you.

25 MS. OSBORNE: Can I add one more?

1 HEARING OFFICER: Sure.

2 MS. OSBORNE: There's so much information,  
3 it could be overwhelming. The suicide rate --  
4 I know all of y'all in here probably know Dr.  
5 James Suen, and he's a very, very dear and  
6 special person to me personally and  
7 professionally. But he has told me of several  
8 patients committing suicide because the  
9 insurance won't pay, because their child has  
10 vascular anomalies. Vascular anomalies is when  
11 your blood vessels are growing outside of your  
12 body, not inside. I mean, it's all common  
13 sense, you don't walk around with blood vessels  
14 growing outside your body and live a normal  
15 life. We live in a society that places  
16 everything on appearance.

17 I've had so many kids born throughout the  
18 country and they're not normal, the husband  
19 leaves. He can't handle not having a normal  
20 child. Or they go through different surgeries,  
21 this, that and the other, which is very  
22 expensive, and they end up in divorce. Because  
23 we all know that money is the root of all evil,  
24 and money is the Number One reason why people  
25 divorce. Well, when you have to go through

1 trials and tribulations like this.

2 We also know that a Number One reason for  
3 divorce is when you lose a child, physically to  
4 death. But when you have a child that is not  
5 what the society expects it to be, that also  
6 puts a strain on the family. So this is more  
7 than just paying for surgeries, et cetera, et  
8 cetera. It's a holistic approach, and you need  
9 to do that when you're dealing with people.

10 HEARING OFFICER: Thank you, Ms. Osborne.

11 That's the last person on the comment list.  
12 Is there anybody else that wants to speak?

13 (No audible response given)

14 HEARING OFFICER: Anything else from you,  
15 Mr. Rand?

16 MR. RAND: No.

17 HEARING OFFICER: With that, then we will  
18 close the record and we will adjourn the  
19 hearing. Thank you.

20 (WHEREUPON, the proceedings were concluded  
21 in this matter at 9:30 a.m.)

22 \* \* \* \* \*

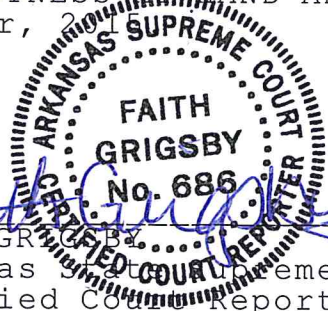
## CERTIFICATE

STATE OF ARKANSAS            )  
   ) ss  
 COUNTY OF PULASKI            )

I, Faith Grigsby, CCR, Certified Stenomask Reporter before whom the foregoing testimony was taken, do hereby certify that the witness was duly sworn by me; that the testimony of said witness was taken by me and was thereafter reduced to typewritten form under my supervision; that the deposition is a true and correct record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by the parties to the action in which this deposition was taken, and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially interested in the outcome of this action.

I FURTHER CERTIFY, that I have no contract with the parties within this action that affects or has a substantial tendency to affect impartiality, that requires me to relinquish control of an original deposition transcript or copies of the transcript before it is certified and delivered to the custodial attorney, or that requires me to provide any service not made available to all parties to the action.

WITNESS MY HAND AND SEAL this 11th day of October, 2011

  
 FAITH GRIGSBY  
 Arkansas Supreme Court  
 Certified Court Reporter #686

## EXHIBIT LIST

**DATE:** SEPTEMBER 29, 2015

**SUBJECT:** PROPOSED RULE 111 "CRANIOFACIAL ANOMALY  
RECONSTRUCTIVE SURGERY COVERAGE"

**HEARING OFFICER:** HONORABLE RUSS GALBRAITH, DEPUTY  
COMMISSIONER

EXHIBIT #	DESCRIPTION
-----------	-------------

- 
- |     |  |
|-----|--|
| 1.  | Designation of Hearing Officer   |
| 2.  | Copy of Arkansas Insurance Department August 21, 2015 NOTICE OF PUBLIC HEARING, concerning Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage" |
| 3.  | Proposed Filed Rule 111 and copy Act 373   |
| 4.  | Copy of August 21, 2015 Arkansas Insurance Department electronic email to Ms. Pam Dicus, Arkansas Democrat-Gazette requesting notice publication           |
| 5.  | Newspaper Notice –Copy of Ad which ran for 3 days in ADG and billing statement   |
| 6.  | Copy of electronic mail distribution to insurance industry regarding proposed Rule 111 and Notice of Public Hearing  |
| 7.  | Copy of Arkansas Insurance Department August 21, 2015 letter to Donna Davis of Arkansas Legislative Counsel & Arkansas Bureau of Legislative Research      |
| 8.  | Legislative Counsel Questionnaire  |
| 9.  | Financial & Economic Impact Statement  |
| 10. | Rule 111 Summary for Arkansas Bureau of Legislative Research   |
| 11. | Copy of August 21, 2015 Arkansas Insurance Department letter to Sara Farris, Office of the Attorney General  |
| 12. | Copy of August 21, 2015 Arkansas Insurance Department letter to Secretary of State   |



13. Copy of August 21, 2015 Arkansas Insurance Department letter to Carlton Saffa, Regulatory Liaison, Office of the Governor.

14. Copy of August 21, 2015 Arkansas Insurance Department Letter Pat Brown

15. Public Comments Section. Received written public comments

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

## DESIGNATION OF HEARING OFFICER

DATE: September 29, 2015

SUBJECT: PROPOSED RULE 111 "CRANIOFACIAL ANOMALY  
RECONSTRUCTIVE SURGERY COVERAGE"

HEARING OFFICER: Russ Galbraith,  
CHIEF DEPUTY COMMISSIONER

Pursuant to Ark. Code Ann. § 23-61-103(e)(1), I hereby delegate Russ Galbraith, Chief Deputy Commissioner, to serve as the Hearing Officer in the above-referenced matter. Pursuant to this Designation, Mr. Galbraith will have at his disposal all of the powers and duties vested in the office of the Commissioner of Insurance for the State of Arkansas.

A handwritten signature in black ink, appearing to read "A. Kerr", is written over a horizontal line.

Allen Kerr  
INSURANCE COMMISSIONER  
STATE OF ARKANSAS

9-28-15  
Date

EXHIBIT

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

DATE: AUGUST 21, 2015

TO: ALL ACCIDENT AND HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS AND HOSPITAL AND MEDICAL SERVICE CORPORATIONS & OTHER INTERESTED PARTIES

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: RULE 111: "CRANIOFACIAL ANOMALY RECONSTRUCTIVE COVERAGE"

## NOTICE OF PUBLIC HEARING

Please find attached or available by electronic publication by the Arkansas Insurance Department ("Department") Proposed Rule 111, "CRANIOFACIAL ANOMALY RECONSTRUCTIVE COVERAGE." The Arkansas Insurance Commissioner ("Commissioner") is filing for public comment and public hearing a proposed regulation implementing Act 373 of 2015, "An Act To Modify Coverage for Craniofacial Reconstructive Coverage." The Act addresses authorizations of craniofacial services and treatment plans by American Cleft Palate-Craniofacial Association approved teams.

Pursuant to Ark. Code Ann. §§ 23-99-417(a)(1), 23-99-417(e), 23-61-108(a)(1), and other applicable laws or rules, NOTICE is hereby given that a PUBLIC HEARING will be held on September 29, 2015 at 9:00 A.M., in the First Floor Hearing Room, Arkansas Insurance Department ("Department"), 1200 West Third Street, Little Rock, Arkansas.

The purpose of the Public Hearing will be to determine whether the Commissioner should adopt Proposed Rule 111, "CRANIOFACIAL ANOMALY RECONSTRUCTIVE COVERAGE."

All interested persons are encouraged to make comments, statements or opinions to the address below or attend the Public Hearing and present, orally or in writing, statements, arguments or opinions on the proposed Rule. All licensees and other interested persons are responsible for notifying all their personnel, agents, and employees about this Public Hearing.

Persons wishing to testify should notify the Legal Division as soon as possible, and are requested to submit intended statements in writing in advance.

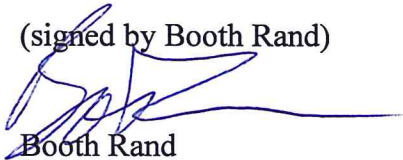
Direct your inquiries to the Legal Division at (501) 371-2820 or [insurance.legal@arkansas.gov](mailto:insurance.legal@arkansas.gov).



A copy of Proposed Rule 111 can be obtained or viewed on the Legal Division's Internet Web Site at <http://insurance.arkansas.gov/prop-rules.htm>

Sincerely,

(signed by Booth Rand)



Booth Rand  
Managing Attorney  
Arkansas Insurance Department  
(501) 371-2820



**PROPOSED RULE 111**  
**CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE**

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<b>SECTION 1.</b>	<b>AUTHORITY</b>
<b>SECTION 2.</b>	<b>DEFINITIONS</b>
<b>SECTION 3.</b>	<b>COVERAGE REQUIREMENT REVIEW</b>
<b>SECTION 4.</b>	<b>EFFECTIVE DATE</b>

FILED  
AR. REGISTER DIV.  
15 AUG 20 PM 3:23  
MARK MARTIN  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY **RECEIVED**

AUG 20 2015

BUREAU OF  
LEGISLATIVE RESEARCH

**SECTION 1. AUTHORITY**

This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery under Ark. Code Ann. § 23-79-1501 et seq.

**SECTION 2. DEFINITIONS**

Unless otherwise separately defined in this rule and consistent with state law, the terms or phrases as used in this rule shall follow the definitions of such terms or phrases as defined in Ark. Code Ann. § 23-79-1501.

**SECTION 3. COVERAGE REQUIREMENT REVIEW**

(a) Pursuant to Ark. Code Ann. § 23-79-1502(a)(1), a health benefit plan that is offered, issued, provided, or renewed in this state shall include coverage and benefits for reconstructive surgery and related medical care for a person of any age who is diagnosed as having a craniofacial anomaly if the reconstructive surgery and treatment are medically necessary to improve a functional impairment that results from the craniofacial anomaly as determined by a nationally approved cleft-craniofacial team, approved by the American Cleft Palate-Craniofacial Association ("ACPA approved team") in Chapel Hill, North Carolina.

(1) The services included in the coverage and benefits for reconstructive surgery and related medical care may be performed in this state by providers in an ACPA approved team that has diagnosed a craniofacial anomaly, or may be performed by licensed and qualified specialist in this state not in an ACPA approved team as long as such specialist has received: (i) a diagnosis or evaluation that the patient has a craniofacial anomaly by an ACPA approved team; (ii) a written authorization or approval of the proposed services and treatment plan by an ACPA approved team, including approval of any additional services or care, subsequent to the treatment plan; (iii) the licensed and qualified specialist agrees it must maintain clinical records and provide appropriate documentation whenever requested by an ACPA approved team; (iv) the licensed and qualified specialist must be willing to allow the member(s) of the ACPA approved team to closely oversee all treatment(s); and (v) the licensed and qualified medical specialist must also agree to the ACPA team providing ongoing review for all authorized services including accepting any limitations or withdrawal of such approvals depending on the outcome and medical needs and care of the patient.

(2) Due to the limited number of ACPA approved teams in this state needed to perform diagnoses and review surgery treatment plans for patients with craniofacial anomalies at this time, an ACPA approved team outside this state may provide the evaluation, authorizations and review as required in Section Three

**EXHIBIT**

3

(3) (a)(1)(i)-(v) of this rule. Nothing in this rule is intended to require a health benefit plan to provide coverage and benefits for reconstructive surgery services themselves to be performed outside this state.

(b) Pursuant to Ark. Code Ann. § 23-79-1502(b), a health benefit plan shall also provide coverage for dental and vision care as approved by an ACPA approved team following the requirements of this section.

**SECTION 4. EFFECTIVE DATE**

The effective date of this Rule is November 23, 2015.

---

ALLEN W. KERR  
INSURANCE COMMISSIONER

---

DATE

State of Arkansas  
90th General Assembly  
Regular Session, 2015

# A Bill

HOUSE BILL 1417

By: Representatives Womack, Lampkin, Wardlaw  
By: Senator Rapert

## For An Act To Be Entitled

AN ACT TO MODIFY COVERAGE FOR CRANIOFACIAL ANOMALY  
RECONSTRUCTIVE SURGERY; AND FOR OTHER PURPOSES.

## Subtitle

TO MODIFY COVERAGE FOR CRANIOFACIAL  
ANOMALY RECONSTRUCTIVE SURGERY.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 23, Chapter 79, Subchapter 15, is  
amended to read as follows:

Subchapter 15 – Coverage for Craniofacial Anomaly ~~Corrective~~ Reconstructive  
Surgery

23-79-1501. Definitions.

As used in this subchapter:

(1) ~~“Corrective surgery” means the use of surgery to alter the  
form and function of the cranial facial tissues due to a congenital or  
acquired musculoskeletal disorder;~~

~~(2)~~ “Craniofacial anomaly” means a congenital or acquired  
musculoskeletal disorder that primarily affects the cranial facial tissue;  
and

~~(3)(A)(2)(A)~~ “Health benefit plan” means an individual, blanket,  
or any group plan, policy, or contract for healthcare services issued or  
delivered in this state by a healthcare insurer, health maintenance  
organization, hospital medical service corporation, or self-insured



1 governmental or church plan in this state.

2 (B) "Health benefit plan" includes:

3 (i) Indemnity and managed care plans; and

4 (ii) ~~Governmental plans as defined in 29 U.S.C. §~~  
 5 ~~1002(32), as it existed on January 1, 2013, except governmental self-financed~~  
 6 ~~insurance organizations~~ Plans providing health benefits to state and public  
 7 school employees under § 21-5-401 et seq.

8 (C) "Health benefit plan" does not include:

9 (i) ~~Disability income plans~~ A disability income  
 10 plan;

11 (ii) ~~Credit insurance plans~~ A credit insurance plan;

12 (iii) Insurance coverage issued as a supplement to  
 13 liability insurance;

14 (iv) Medical payments under an automobile or  
 15 homeowners' insurance plans plan;

16 (v) ~~Health benefit plans~~ A health benefit plan  
 17 provided under Arkansas Constitution, Article 5, § 32, the Workers'  
 18 Compensation Law, § 11-9-101 et seq., and the Public Employee Workers'  
 19 Compensation Act, § 21-5-601 et seq.;

20 (vi) ~~Plans that provide~~ A plan that provides only  
 21 indemnity for hospital confinement;

22 (vii) ~~Accident-only plans~~ An accident-only plan; or

23 (viii) ~~Specified disease plans~~ A specified disease  
 24 plan; and

25 (3) "Reconstructive surgery" means the use of surgery to alter  
 26 the form and function of the cranial facial tissues due to a congenital or  
 27 acquired musculoskeletal disorder.

28  
 29 23-79-1502. Craniofacial anomaly – Coverage for ~~corrective~~  
 30 reconstructive surgery required.

31 (a)(1) A health benefit plan that is offered, issued, provided, or  
 32 renewed in this state shall include coverage and benefits for ~~corrective~~  
 33 reconstructive surgery and related medical care for a person of any age who  
 34 is diagnosed as having a craniofacial anomaly if the surgery and treatment  
 35 are medically necessary to improve a functional impairment that results from  
 36 the craniofacial anomaly as determined by a nationally ~~accredited~~ approved



1 cleft-craniofacial team, approved by the American Cleft Palate-Craniofacial  
2 Association in Chapel Hill, North Carolina.

3 (2) A nationally ~~accredited~~ approved cleft-craniofacial team for  
4 cleft-craniofacial conditions shall:

5 (A) Evaluate ~~persons~~ a person with a craniofacial  
6 ~~anomalies~~ anomaly; and

7 (B) Coordinate a treatment plan for each person.

8 (3) After one (1) denial or any limitation of coverage that is  
9 based on the lack of medical necessity to improve a functional impairment,  
10 the case shall be referred for an external review under State Insurance  
11 Department Rule 76, the Arkansas External Review Regulation, if applicable,  
12 or under a similar procedure for external review established by a third-party  
13 administrator of a health benefit plan.

14 (b) Medical care coverage required under this section includes  
15 coverage for ~~corrective~~ reconstructive surgery, dental care, vision care, and  
16 the use of at least one (1) hearing aid.

17  
18 23-79-1503. Rules.

19 (a) The State Insurance Department shall develop and promulgate rules  
20 for the implementation and administration of this subchapter.

21 (b) The State and Public School Life and Health Insurance Board may  
22 develop and promulgate rules for the administration of this subchapter for  
23 the plans providing health benefits to state and public school employees  
24 under § 21-5-401 et seq.

25  
26  
27 **APPROVED: 03/10/2015**  
28  
29  
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31  
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33  
34  
35  
36

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

August 21, 2015

Arkansas Democrat-Gazette  
P O Box 2221  
Little Rock, AR 72203  
Attn: Ms. Pam Dicus, Legal Ad Department  
Facsimile: 501-378-3591

RE: Legal Notices: Public Hearing on Proposed Rule # 111

Dear Ms. Dicus:

The Insurance Commissioner is proposing to adopt Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." In order to publish it per the Arkansas Administrative Procedure Act, as amended, and per the Arkansas Insurance Code, we need to publish a **FULL RUN** legal ad or notice on the Commissioner's Public Hearing for the Rule set on September 29, 2015 at 9:00 a.m.

In compliance with Ark. Code Ann. § 25-15-204 and § 16-3-102, please find enclosed a legal ad for Notice of Public Hearing which should be published for three (3) consecutive days beginning on or before August 24, 2015.

Please send the billing invoices to Mrs. Pam Looney, Assistant Commissioner, Accounting Division, Arkansas Insurance Department, 1200 West Third, Little Rock, Arkansas 72201-1904, accompanied by a printed copy of the Legal Ad and proof of publication. Thank you in advance for your cooperation.

Sincerely,

(signed by Booth Rand)

Booth Rand  
Managing Attorney/Legal Division  
booth.rand@arkansas.gov

LRR

Attachment – Legal Ad for Proposed Rule 111 Adoption

cc: LoRaine Rowland, Administrative Analyst

EXHIBIT

4

## **NOTICE OF PUBLIC HEARING**

The Arkansas Insurance Department will host a Public Hearing on September 29, 2015 beginning at 9:00 a.m. in the First Floor Hearing Room, Arkansas Insurance Department, 1200 West Third Street (Third and Cross Streets), Little Rock, Arkansas, to consider adoption of proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." Copies of proposed Rule 111 may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at [http://www.state.ar.us/insurance/legal/legal\\_p1.html](http://www.state.ar.us/insurance/legal/legal_p1.html). Or [www.accessarkansas.org/insurance](http://www.accessarkansas.org/insurance) for links there. For more information, please contact Ms. LoRaine Rowland, Legal Division, Arkansas Insurance Department at 501-371-2820.

# Arkansas Democrat Gazette RECEIVED

## STATEMENT OF LEGAL ADVERTISING

AUG 31 2015

LEGAL  
ARKANSAS INSURANCE DEPT.

ARK INSURANCE DEPARTMENT  
1200 W THIRD  
LITTLE ROCK AR 72201

REMIT TO:  
ARKANSAS DEMOCRAT-GAZETTE, INC.  
P.O. BOX 2221  
LITTLE ROCK, AR 72203

ATTN: Pam Looney

DATE : 08/26/15 INVOICE #: 3034266  
ACCT #: L801001 P.O. #:

BILLING QUESTIONS CALL 378-3812

STATE OF ARKANSAS, }  
COUNTY OF PULASKI, } ss.

I, Katrina Walton, do solemnly swear that I am the Legal Billing Clerk of the Arkansas Democrat - Gazette, a daily newspaper printed and published in said County, State of Arkansas; that I was so related to this publication at and during the publication of the annexed legal advertisement in the matter of:

hearing  
pending in the Court, in said County, and at the dates of the several publications of said advertisement stated below, and that during said periods and at said dates, said newspaper was printed and had a bona fide circulation in said County; that said newspaper had been regularly printed and published in said County, and had a bona fide circulation therein for the period of one month before the date of the first publication of said advertisement; and that said advertisement was published in the regular daily issues of said newspaper as stated below.

DATE	DAY	LINAGE	RATE	DATE	DAY	LINAGE	RATE
08/24	Mon	33	1.35				
08/25	Tue	33	1.35				
08/26	Wed	33	1.35				

TOTAL COST ----- 133.65  
Billing Ad #: 73326857

Subscribed and sworn to me this 26  
day of Aug 2015

*Bennie J. Fuller*  
Notary Public



NOTICE OF PUBLIC HEARING  
The Arkansas Insurance Department will host a Public Hearing on September 29, 2015 beginning at 9:00 a.m. in the First Floor Hearing Room, Arkansas Insurance Department, 1200 West Third Street (Third and Cross Streets), Little Rock, Arkansas, to consider adoption of proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." Copies of proposed Rule 111 may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our internet site at [http://www.state.ar.us/insurance/legal/legal\\_p1.html](http://www.state.ar.us/insurance/legal/legal_p1.html). Or [www.accessarkansas.org/insurance](http://www.accessarkansas.org/insurance) for links there. For more information, please contact Ms. LoRaine Rowland, Legal Division, Arkansas Insurance Department at 501-371-2820.  
733268571

AD COPY

RECEIVED

AUG 27 2015

ACCOUNTING  
ARKANSAS INSURANCE DEPARTMENT

EXHIBIT

5



## LoRaine Rowland

---

**From:** Arkansas Insurance Department  
<insurance.legal@arkansas.gov@mail40.atl111.rsgsv.net> on behalf of Arkansas Insurance Department <insurance.legal@arkansas.gov>  
**Sent:** Thursday, August 20, 2015 5:00 PM  
**To:** LoRaine Rowland  
**Subject:** Notice of Hearing: Proposed Rule 111

Notice of Hearing: ??Proposed Rule 111

[View this email in your browser](#)

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

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## Legal Notice

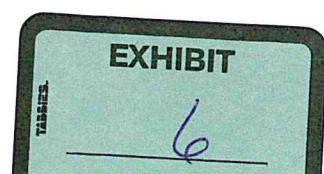
Notice of Hearing  
Proposed Rule 111

Please click on the link below to view the Department's Proposed Rule 111 "CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE" and Notice of Hearing information.

<http://insurance.arkansas.gov/prop-rules.htm>

Direct your inquiries to the Legal Division at (501) 371-2820 or [insurance.legal@arkansas.gov](mailto:insurance.legal@arkansas.gov).

---



# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

August 21, 2015

## HAND DELIVERY

Ms. Donna Davis  
Arkansas Legislative Council  
Arkansas Bureau of Legislative Research  
State Capitol, Suite 315  
Little Rock, Arkansas 72201

RE: Proposed Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Davis:

Enclosed for your review and for filing with the Subcommittee of the Arkansas Legislative Council, is proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

The Arkansas Insurance Department ("Department") is proposing a Rule to implement Act 373 of 2015, "An Act To Modify Coverage for Craniofacial Reconstructive Coverage." The Act addresses authorizations of craniofacial services and treatment plans by American Cleft Palate-Craniofacial Association approved teams.

The Department has scheduled a public hearing for September 29, 2015, at 9:00 A.M., at the Arkansas Insurance Department, to consider adopting this proposed Rule.

I have enclosed a triplicate set of the proposed Rule, our Notice of Public Hearing, the standard Questionnaire, Financial Impact Statement as well as a summary of the proposed Rule.

Sincerely,

A handwritten signature in black ink, appearing to read "Booth Rand", is written over a horizontal line.

Booth Rand  
Managing Attorney/Legal Division  
[booth.rand@arkansas.gov](mailto:booth.rand@arkansas.gov)

RECEIVED

AUG 20 2015

BUREAU OF  
LEGISLATIVE RESEARCH

cc: LoRaine Rowland, Administrative Analyst

BR/lrr

EXHIBIT

7

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS  
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Arkansas Insurance Department  
DIVISION Legal Division  
DIVISION DIRECTOR Suzanne Tipton, Deputy Commissioner & General Counsel  
CONTACT PERSON Booth Rand, Managing Attorney  
ADDRESS 1200 West Third Street, Little Rock, Arkansas 72201-1904  
PHONE NO. 501-371-2820 FAX NO. 501-371-2618 E-MAIL booth.rand@arkansas.gov  
NAME OF PRESENTER AT COMMITTEE MEETING Booth Rand, Managing Attorney  
PRESENTER E-MAIL booth.rand@arkansas.gov

**INSTRUCTIONS**

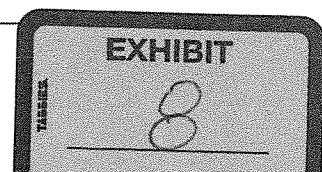
- A. Please make copies of this form for future use.  
B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.  
C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.  
D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201**

\*\*\*\*\*

1. What is the short title of this rule? Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage
2. What is the subject of the proposed rule? Procedures or process for qualifying for coverage under the State's craniofacial mandate law in Ark. Code Ann. § 23-79-1501 et seq
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ☐ No ☒  
If yes, please provide the federal rule, regulation, and/or statute citation. \_\_\_\_\_
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes ☐ No ☒  
If yes, what is the effective date of the emergency rule? \_\_\_\_\_

When does the emergency rule expire? \_\_\_\_\_



Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?

Yes ☐

No ☒

5. Is this a new rule? Yes ☒ No ☐

If yes, please provide a brief summary explaining the regulation. See attached Summary.

Does this repeal an existing rule? Yes ☐ No ☒

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. N/A

Is this an amendment to an existing rule?

Yes ☐

No ☒

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. This Rule is issued pursuant to Ark. Code Ann. § 23-79-1503 which requires the Arkansas Insurance Department ("AID") to issue rules for the implementation and administration of coverage for craniofacial anomaly reconstructive surgery under Ark. Code Ann. § 23-79-1501 et seq

7. What is the purpose of this proposed rule? Why is it necessary? See attached Summary which explains the purpose of this proposed rule. Essentially, the purpose of the propose Rule is to establish a mechanism or process to allow for more "approved cleft-craniofacial teams" to provide diagnoses and treatment plans for persons with this condition.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b). <http://www.insurance.arkansas.gov/prop-rules.htm>

9. Will a public hearing be held on this proposed rule? Yes ☒ No ☐

If yes, please complete the following:

Date: September 29, 2015

Time: 9:00 A.M.

Arkansas Insurance Department, 1200

West Third Street, Little Rock,

Place: Arkansas

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)  
After the hearing ends on September 29, 2015 unless the Commissioner decides to keep the record open longer to receive comments.

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

November 23, 2015

12. Do you expect this rule to be controversial? Yes ☐ No ☒



If yes, please explain. \_\_\_\_\_

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules?

Please provide their position (for or against) if known.

We do not know of these persons or groups at this time, but will update this information in public  
comment summaries after the public hearing on September 29, 2015.

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## FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Insurance Department  
DIVISION Legal Division  
PERSON COMPLETING THIS STATEMENT Booth Rand, Managing Attorney  
TELEPHONE NO. 501-519-0484 FAX NO. 501-371-2618 EMAIL: booth.rand@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Rule 109: Orthotic and Prosthetic Reimbursement

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☒ No ☐
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

\_\_\_\_\_

- (b) The reason for adoption of the more costly rule;

\_\_\_\_\_

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

\_\_\_\_\_

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

\_\_\_\_\_

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue	<u>N/A</u>
Federal Funds	<u>N/A</u>
Cash Funds	<u>N/A</u>
Special Revenue	<u>N/A</u>
Other (Identify)	<u>N/A</u>

**Next Fiscal Year**

General Revenue	<u>                    </u>
Federal Funds	<u>                    </u>
Cash Funds	<u>                    </u>
Special Revenue	<u>                    </u>
Other (Identify)	<u>                    </u>

EXHIBIT

9

Total \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue	N/A
Federal Funds	N/A
Cash Funds	N/A
Special Revenue	N/A
Other (Identify)	N/A
Total	N/A

**Next Fiscal Year**

General Revenue	_____
Federal Funds	_____
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
Total	_____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$ Unknown

We do not know right now what the exact cost impact to insurers and health benefit plans this reimbursement adjustment will create but we do not believe it significant and will update this information as soon as available.

**Next Fiscal Year**

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$ None

We already review these mandates with current staffing

**Next Fiscal Year**

\$ \_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☒ No ☐

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

**ECONOMIC IMPACT STATEMENT  
OF PROPOSED RULES OR REGULATIONS  
EO 05-04: Regulatory Flexibility**

**Department:** Arkansas Insurance Department  
**Contact Person:** Booth Rand  
**Contact Phone:** 501-371-2820

**Division:** Legal  
**Date:** August 21, 2015  
**Contact Email:** booth.rand@arkansas.gov

**Title or Subject:**

Proposed Rule 111 "Craniofacial Anomaly Reconstructive Surgery Coverage"

**Benefits of the Proposed Rule or Regulation**

1. Explain the need for the proposed change(s). Did any complaints motivate you to pursue regulatory action? If so, please explain the nature of such complaints.

The proposed rule is needed to help persons with craniofacial conditions to more easily and quickly obtain a diagnosis and approved treatment plan to comply with the state's craniofacial mandate law under Ark. Code Ann. § 23-79-1501 et seq., recently amended by Act 373 of 2015 (hereafter, the "Craniofacial Coverage Law"). The Craniofacial Coverage Law requires subject health insurers and health plans to cover medically necessary surgery and treatment for persons diagnosed with a craniofacial anomaly. To have this coverage mandate apply, a person is required to be diagnosed as having a craniofacial anomaly by a "cleft-craniofacial team," approved by a national approval organization, the "American Cleft Palate-Craniofacial Association," (APCA). Currently, there are only two (2) approved APCA teams in this State which provide the diagnoses and treatment plans for such persons. This proposed rule is needed to also permit diagnostic and treatment plan approvals by APCA approved teams outside the State of Arkansas, to more quickly expedite diagnoses and treatment plan approvals. The surgeries and treatments would still have to be performed in this State although the diagnoses and approved treatment plans could be approved outside of this State.

2. What are the top three benefits of the proposed rule or regulation?
  1. Because the proposed rule allows for more APCA approved teams to provide diagnoses and treatment plan approvals, this expedites insurance coverage treatments and services for affected persons.
  2. Reduces work load and the pending volume of reviews by the limited number of approved APCA teams we have in Arkansas.
  3. Better clarifies the diagnostic and treatment plan approval and review process than is explained in the Craniofacial Coverage Law itself.

3. What, in your estimation, would be the consequence of taking no action, thereby maintaining the status quo?

Delays in persons qualifying for coverage and therefore receiving medical services under the craniofacial mandate because of delays in diagnostic and treatment plan approvals.

4. Describe market-based alternatives or voluntary standards that were considered in place of the proposed regulation and state the reason(s) for not selecting those alternatives.

None.

### **Impact of Proposed Rule or Regulation**

5. Estimate the cost to state government of collecting information, completing paperwork, filing, recordkeeping, auditing and inspecting associated with this new rule or regulation.

None.

6. What types of small businesses will be required to comply with the proposed rule or regulation? Please estimate the number of small businesses affected.

None.

7. Does the proposed regulation create barriers to entry? If so, please describe those barriers and why those barriers are necessary.

None.

8. Explain the additional requirements with which small business owners will have to comply and estimate the costs associated with compliance.

None.

9. State whether the proposed regulation contains different requirements for different sized entities, and explain why this is, or is not, necessary.

None.

10. Describe your understanding of the ability of small business owners to implement changes required by the proposed regulation.

The propose Rule does not require "small business owners" to implement provisions in the proposed Rule.

11. How does this rule or regulation compare to similar rules and regulations in other states or the federal government?

This proposed rule is not patterned after any state or federal rule or law or model. It is AID's understanding that our Craniofacial Coverage Law, and any implementing rule, is unique to require craniofacial anomaly diagnoses and treatment plan approvals by APCA approved teams. The requirement exists to improve the standards, quality and outcomes for patients with this condition.

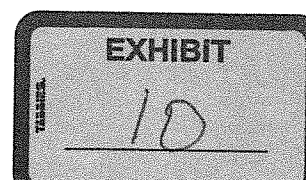
12. Provide a summary of the input your agency has received from small business or small business advocates about the proposed rule or regulation.

None so far as of the date of filing. We will be glad to submit this summary and comments as soon as, or if we receive them.

## SUMMARY

### AID PROPOSED RULE 111: CRANIOFACIAL ANOMALY RECONSTRUCTIVE SURGERY COVERAGE

- The proposed rule is needed to help persons with craniofacial conditions to more easily and quickly obtain a diagnosis and approved treatment plan to comply with the state's craniofacial mandate law under Ark. Code Ann. § 23-79-1501 et seq., recently amended by Act 373 of 2015 (hereafter, the "Craniofacial Coverage Law"). The Craniofacial Coverage Law requires subject health insurers and health plans to cover medically necessary surgery and treatment for persons diagnosed with a craniofacial anomaly. To have this coverage mandate apply, a person is required to be diagnosed as having a craniofacial anomaly by a "cleft-craniofacial team," approved by a national approval organization, the "American Cleft Palate-Craniofacial Association," (APCA).
- Currently, there are only two (2) approved APCA teams in this State which provide the diagnoses and treatment plans for such persons, only one of which is for adults.
- This proposed rule is needed to permit diagnostic and treatment plan approvals by APCA approved teams outside the State of Arkansas, and this may help reduce delays for these diagnoses and treatment plan approvals, to more quickly expedite diagnoses and treatment plan approvals.
- The surgeries and treatments would still have to be performed in this State by qualified and licensed medical providers subject to





supervision by approved teams, although the diagnoses and approved treatment plans could be approved outside of this State.

# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

August 21, 2015

Ms. Sara Farris, ESQ.  
Office of the Attorney General  
323 Center Street, Suite 200  
Little Rock, AR 72201

**RE: Arkansas Insurance Department Rule 111: "Craniofacial Anomaly  
Reconstructive Surgery Coverage"**

Dear Ms. Farris:

Enclosed for your review is the Arkansas Insurance Department's proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage."

The Arkansas Insurance Department ("Department") is proposing a Rule to implement Act 373 of 2015, "An Act To Modify Coverage for Craniofacial Reconstructive Coverage." The Act addresses authorizations of craniofacial services and treatment plans by American Cleft Palate-Craniofacial Association approved teams.

The Department has scheduled a public hearing for September 29, 2015, at 9:00 A.M., at the Arkansas Insurance Department, to consider adopting this proposed Rule.

Please do not hesitate to contact me at 371-2820 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Booth Rand", is written over a horizontal line.

Booth Rand  
Managing Attorney/Legal Division  
[booth.rand@arkansas.gov](mailto:booth.rand@arkansas.gov)

cc: LoRaine Rowland, Administrative Analyst



# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

August 21, 2015

Arkansas Secretary of State  
State Capitol Building  
Little Rock, AR 72201  
Attn. Arkansas Register

Re: Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Secretary:

Arkansas Act 1478 of 2003 adds to requirements for adoption and re-adoption of public agency rules and regulations. In that regard, the new Act:

- (a) Requires notice of proposed Rule 111, as well as the Public Rule Hearing at the Arkansas Insurance Department, to be published by the Arkansas Secretary Of State on the Internet for thirty (30) days pursuant to Ark. Code Ann. § 25-15-218 of the Arkansas Administrative Procedure Act, as amended; and
- (b) Requires DOI filing of its adopted and proposed rules and notices with the Arkansas Secretary Of State in an electronic format acceptable to the Secretary.

In that regard, the Department has scheduled a public hearing as to proposed adoption of Rule 111. Enclosed are the DOI Notices of Public Hearing and a copy of the proposed rule.

Please arrange to publish the information in a format acceptable to the Secretary for at least 30 days in advance. Can you send us confirmation that we can use in the transcript as a public hearing exhibit?

An electronic filing will be made within the statutorily required 7 days. Thanks for your help.

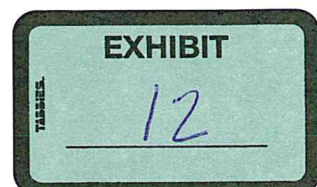
Sincerely,

A handwritten signature in black ink, appearing to read "Lorraine Rowland", is written over the word "Sincerely,".

Lorraine Rowland  
Administrative Analyst/Legal Division  
Lorraine.rowland@arkansas.gov  
371-2820

Enclosures

FILED  
REGISTER DIV.  
15 AUG 20 PM 2:20  
MARK  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_



# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

August 21, 2015

VIA STATE MESSENGER

Mr. Carlton Saffa  
Regulatory Liaison  
Office of the Governor  
State Capitol Building  
Little Rock, AR 72201

**RE: Arkansas Insurance Department Proposed Rule 111: Craniofacial Anomaly Reconstructive Surgery Coverage**

Dear Mr. Saffa:

Carlton, as previously sent to the Governor's office for review, please find enclosed for your review is the Arkansas Insurance Department's proposed Rule 111, "Craniofacial Anomaly Reconstructive Surgery Coverage." As per your email to the Insurance Commissioner, the Governor's office authorized the Department to begin promulgation of this proposed Rule on July 30, 2015. The Arkansas Insurance Department ("Department") is proposing a Rule to implement Act 373 of 2015, "An Act To Modify Coverage for Craniofacial Reconstructive Coverage." The Act addresses authorizations of craniofacial services and treatment plans by American Cleft Palate-Craniofacial Association approved teams.

I'm sending you this letter because the Arkansas Insurance Department ("Department") separately and routinely provides the Governor's office, AG's office, Secretary of State's office and Economic Development Commission with copies of our proposed Rules when we institute rule-making.

The Department has scheduled a public hearing for September 29, 2015, at 9:00 A.M., at the Arkansas Insurance Department, to consider adopting this proposed Rule.

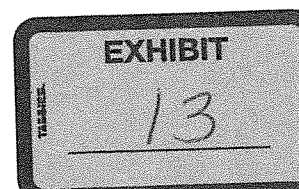
Please do not hesitate to contact me at 371-2820 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Booth Rand", is written over a horizontal line.

Booth Rand  
Managing Attorney/Legal Division  
[booth.rand@arkansas.gov](mailto:booth.rand@arkansas.gov)

cc: LoRaine Rowland, Administrative Analyst



# Arkansas Insurance Department

Asa Hutchinson  
Governor



Allen Kerr  
Commissioner

August 21, 2015

Ms. Pat Brown  
Economic Development Commission  
One Capitol Mall  
Little Rock, AR 72202

RE: Arkansas Insurance Department Rule 111: "Craniofacial Anomaly Reconstructive Surgery Coverage"

Dear Ms. Brown:

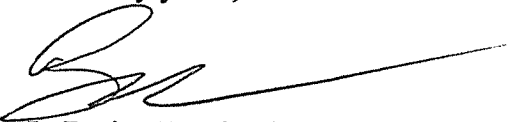
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The Arkansas Insurance Department ("Department") is proposing a Rule to implement Act 373 of 2015, "An Act To Modify Coverage for Craniofacial Reconstructive Coverage." The Act addresses authorizations of craniofacial services and treatment plans by American Cleft Palate-Craniofacial Association approved teams.

The Department has scheduled a public hearing for September 29, 2015, at 9:00 A.M., at the Arkansas Insurance Department, to consider adopting this proposed Rule.

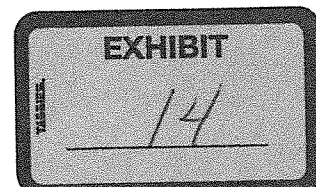
Please do not hesitate to contact me at 371-2820 if you have any questions.

Sincerely yours,

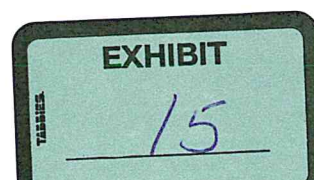
  
LoRraine Rowland  
Administrative Analyst/Legal Division  
[Lorraine.rowland@arkansas.gov](mailto:Lorraine.rowland@arkansas.gov)  
501-371-2831

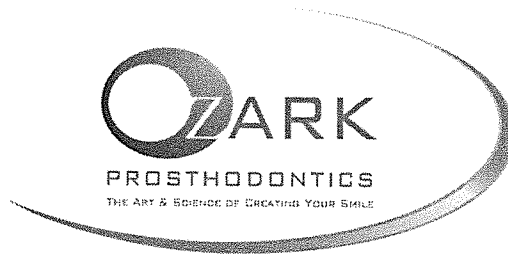
Enclosures

LRR/



# PUBLIC COMMENTS





September 28, 2015

Booth Rand  
Managing Attorney  
Arkansas Insurance Department  
1200 W. Third St  
Little Rock, AR 72201  
Via email: [Booth.Rand@arkansas.gov](mailto:Booth.Rand@arkansas.gov)

Dear Mr. Rand:

This letter is in support of Proposed Rule 111, Craniofacial Anomaly Reconstructive Surgery Coverage.

As a practicing prosthodontist in the State of Arkansas I have treated hundreds of craniofacial patients in the past 20 years. The majority of my craniofacial patients struggled with the financial aspect associated with reconstructive surgery. I am pleased to see in Rule 111 that the guidelines insure comprehensive care by qualified specialists with oversight from member(s) of the national craniofacial teams. The overall quality of life for these patients will certainly improve with the enforcement of Act 1226 and Act 373. Our patient base in Northwest Arkansas is sincerely appreciative of the State of Arkansas taking the initiative to institute these Acts.

We sincerely appreciate the leadership and effort from Commissioner Allen Kerr and of yourself in support of craniofacial patients.

Sincerely,

A handwritten signature in cursive script that reads "Dean McNeel DDS".

Dean McNeel, DDS

Hearing Testimony List  
In The Matter Of

PROPOSED RULE 111 "CRANIOFACIAL ANOMALY RECONSTRUCTIVE  
COVERAGE"

September 29, 2015  
9:00 A.M.

Russ Galbraith, Chief Deputy Commissioner and Hearing Officer

1. Wendelyn Osborne
2. Connie A. Meehan
3. Debbie Jones
4. John McLaughlin
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



## PROPOSED RULE 111 “CRANIOFACIAL ANOMALY RECONSTRUCTIVE COVERAGE”

**Russ Galbraith, Chief Deputy Commissioner and Hearing Officer**

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